1 LOCATION OF WATER WELL:	Fraction W^2SE	Section Number	Township Number	Range Number
County: Allen)	1/4 1/4 1/4	16	25	188.
Distance and direction from ne	umboldt kan		located within city?	
2 WATER WELL OWNER:	w Wise	Ph.		
RR#, St. Address, Box #: //C City, State, ZIP Code : #	n Wise 619 Rolling Mes + Jalls, VA 22066	dow-Board of Agri -/gg/Application N	culture, Division of Umber:	Water Resources
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL	2.7	ft.	
	WELL WAS USED AS:			
N W N E	Domestic 2 Irrigation 3 Feedlot 4 Industrial	5 Public Water Sup 6 Oil Field Water 7 Lawn and Garden 8 Air Conditioning	Supply 10 Monitorin Only 11 Injection	ig Well i Well
S W	If yes, mo/day/yr sa	ample was submitted.		t? YesNo
s	Water Well Disinfect	ted: Yes No	••••	
5 TYPE OF BLANK CASING USED:			PER VIAIR STORY OF THE STORY OF	**************************************
,	ought 7 Fibers bestos-Cement 8 Concre		(specify below)	
Blank casing diameter Casing height above or belo	in. Was casing pwww.www.land surface	oulled? Yes	No If yes, how	much
6 GROUT PLUG MATERIAL: 1 Nea	t cement 2 Cement grou	ut 3 Bentonite	4 Other	
Grout Plug Intervals: Fr	om.4.5.ft. to5:.Qft.	, Fromft. t	oft., From	toft.
What is the nearest source	of possible contamination	n:		
1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool	7 Pit privy	11 Fuel storage 12 Fertilizer stora 13 Insecticide stor 14 Abandoned water 15 Oil well/Gas wel	age well	ecify below)
Direction from well?	******	How many feet?		
FROM TO P	LUGGING MATERIALS			
0 43 Jus	soil			
45 5.0 Bent	onite		•	
5.0 24.0 Sul	soil	*****		
24 27 grav	ul			
U				
7 CONTRACTOR'S OR LANDOWNER'S	CERTIFICATION:This water	well was plugged u	nder my jurisdiction	and was completed
on (mo/day/year)	ense No	This Water Well	Record was completed	l on (mo/day/year)
instructions: Use typewriter	or hall point pen. Pleas		nrint clearly Pleas	
		- III		in wearing,

INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain one for your records.